

Request for Public Comments: Planned Updates to the 2026 and 2027 Leapfrog Hospital Safety Grade Methodology

Leapfrog requests public comments for planned updates to the 2026 and 2027 Leapfrog Hospital Safety Grade methodology. Leapfrog Hospital Safety Grades are issued [twice per year](#), once in the spring and once in the fall, to nearly 3,000 acute care hospitals nationwide. Because these updates will not impact the fall 2025 Safety Grade, we are holding a 60-day public comment period. Comments on these planned changes may be submitted through **October 14, 2025**, using the directions below. Leapfrog will publish final methodology updates and responses to public comments by **December 1, 2025**.

Planned Updates for the Spring 2026 and Fall 2026 Safety Grades

1. **Methodology update in response to CMS' temporary removal of Staff Responsiveness (H-COMP-3):** Given a recent change to a question in the Staff Responsiveness domain of the HCAHPS Survey, CMS will pause the public reporting of the domain on Care Compare for one year starting with the October 2026 data refresh. In response to the pause, Leapfrog requests comment on a temporary scoring methodology change to address the absence of Staff Responsiveness (H-COMP-3) for the spring 2026 and fall 2026 Safety Grade cycles.

Planned Updates for the Spring 2027 Safety Grade and Beyond

1. **Methodology update in response to CMS' permanent removal of PSI 4:** CMS will replace PSI 4 (Death Rate among Surgical Inpatients with Serious Treatable Complications) with the new Failure-to-Rescue measure. In response to this change, Leapfrog will remove PSI 4 and add Failure-to-Rescue to the Safety Grade Methodology in spring 2027.
2. **NHSN update to the SIR model for healthcare-associated infections:** Starting in spring 2027, the healthcare-associated infections (HAI) measures will likely be calculated using the NHSN 2022 baseline.

Request for Information

Additionally, Leapfrog's national expert panel has convened a subcommittee to review the weighting methodology used in the Hospital Safety Grade and is requesting information. If deemed necessary, updates to the methodology would take place in 2027.

The changes outlined in this document come under the guidance of Leapfrog's national expert panel, the research team at Johns Hopkins Medicine and in response to stakeholder feedback. More information can be found on the Hospital Safety Grade website at <https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information>.

Additionally, the [Fall 2025 Timeline and Anticipated Reporting Periods](#) are included at the end of this document.

Instructions to Submit a Public Comment (Deadline October 14, 2025)

1. Visit <https://leapfroghelpdesk.zendesk.com/>
2. Click on "Submit a Request" on the top right-hand corner of the webpage
3. Select "Hospital Safety Grade" as the name of the ratings program
4. Select "Submit a Public Comment" from the Safety Grade issue drop-down list
5. Include your public comments in the "Question" field
6. Click "Submit" after completing all required fields

PLANNED UPDATES FOR THE SPRING 2026 AND FALL 2026 SAFETY GRADES

BACKGROUND

CMS introduced updates to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey that took effect in January 2025. One update modified a domain currently included in the Leapfrog Hospital Safety Grade: Responsiveness of Hospital Staff (H-COMP-3). The survey question previously asked about staff responsiveness after the “Call Button” was used. The “Call Button” component was removed from the question, and the question now asks about staff responsiveness after the patient asks for help.

The data publicly reported on Care Compare has a 12-month reporting period and is updated quarterly. To ensure data is reflective of a single survey version, CMS will temporarily stop reporting the measure. CMS will resume public reporting of the measure in October 2026. For more information, please see <https://hcahpsonline.org/en/updated-hcahps-survey/>.

METHODOLOGY UPDATE IN RESPONSE TO CMS’ TEMPORARY REMOVAL OF STAFF RESPONSIVENESS (H-COMP-3) IN OCTOBER 2026

For the spring and fall 2026 Safety Grades, Leapfrog plans to introduce a temporary scoring methodology update for the HCAHPS measures. Since removing the Staff Responsiveness (H-COMP-3) measure entirely, with no additional adjustments, would result in a higher weight placed on all other measures in the process and structural domain, and to avoid sudden and impermanent grade fluctuations, the national expert panel recommended that Leapfrog explore alternative updates to the methodology.

Analyses conducted by Leapfrog and its research team demonstrate that the Staff Responsiveness (H-COMP-3) linear mean scores have a strong positive correlation to the Nurse Communication (H-COMP-1) linear mean scores ($R=0.731$). The relationship was stronger between these two measures than the other HCAHPS measures included in the Hospital Safety Grade. The analysis, which used data from the spring 2025 Safety Grade, showed that hospitals that performed well in Staff Responsiveness (H-COMP-3) typically performed well in Nurse Communication (H-COMP-1). One likely explanation is that nurses are most often responsible for responding to patient requests, and a positive experience with staff responsiveness would likely correspond to an overall positive interaction with nursing staff.

Due to this strong relationship ($R=0.731$), Leapfrog proposes to align with CMS and remove Staff Responsiveness (H-COMP-3) from the Hospital Safety Grade Methodology in spring 2026 and fall 2026 and increase the “Number of Component Measures” for the Nurse Communication (H-COMP-1) measure from one to two, thereby increasing the standard weight for this measure to 5.1% (previously 3.0%; Table 1). This change is temporary and will revert once CMS resumes public reporting of the H-COMP-3 sub-domain.

This change will not impact the fall 2025 Hospital Safety Grade.

Table 1. Projected 2026 Hospital Safety Grade Weighting for the Process and Structural Measure Domain Using Spring 2025 Statistics*

Measure	Evidence Score	Opportunity Score	Impact Score	Number of Component Measures	New Standard Measure Weight	Previous Standard Measure Weight
CPOE	2	1.43	3	1	6.3%	6.2%
BCMA	2	1.37	3	1	6.1%	6.0%
IPS	2	1.67	3	1	7.0%	6.9%
SP 1	1	1.06	2	1	3.1%	3.1%
SP 2	1	1.12	2	1	3.2%	3.2%
Total Nursing Care Hours per Patient Day	2	1.41	2	1	4.8%	4.7%
Hand Hygiene	2	1.49	2	1	5.0%	4.9%
H-COMP-1	1	1.03	2	2	5.1%	3.0%
H-COMP-2	1	1.03	2	1	3.1%	3.0%
H-COMP-3	N/A	N/A	N/A	N/A	0.0%	3.0%
H-COMP-5	1	1.06	2	1	3.1%	3.1%
H-COMP-6	1	1.04	2	1	3.1%	3.0%

*Note: These weights and values are subject to change with the refresh of data in spring and fall 2026.

PLANNED UPDATES FOR THE SPRING 2027 SAFETY GRADE AND BEYOND

METHODOLOGY UPDATE IN RESPONSE TO THE CMS'S PERMANENT REMOVAL OF PSI 4

In October 2026, CMS [plans](#) to replace PSI 4 (Death Rate Among Surgical Inpatients with Serious Treatable Complications) with a new claims-based measure: The Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue). As a result, Leapfrog plans to replace the PSI 4 measure with the Failure-to-Rescue measure in the spring 2027 Safety Grade and beyond. The first reporting period will be 07/01/2023- 06/30/2025. For more information about the measure, please see <https://qualitynet.cms.gov/inpatient/measures/psi/upcoming>.

NHSN UPDATE TO THE SIR MODEL FOR HEALTHCARE-ASSOCIATED INFECTIONS

The recent rollout of the NHSN HAI 2022 national baseline will likely not impact the Hospital Safety Grade program until spring 2027. CMS announced that they do not [plan](#) to publicly report data that uses the 2022 national baseline until fall 2026, which corresponds with the October Care Compare data refresh. This data refresh occurs after the fall Safety Grade Data Snapshot of August 31. The spring 2027 Safety Grade, which has a Data Snapshot Date of January 31, will likely be the first Safety Grade round to include data with the new baseline.

Regardless, Leapfrog plans to align the implementation of the 2022 baseline data in the Leapfrog Hospital Survey with the CMS schedule to ensure both Safety Grade HAI data sources use the same baseline. Use of the 2022 HAI Baseline Reports may begin with the 2026 or 2027 Leapfrog Hospital Survey. Leapfrog will provide more guidance with the release of the 2026

Leapfrog Hospital Survey. For more information about the CDC HAI rebaseline initiative, please see <https://www.cdc.gov/nhsn/2022rebaseline>.

REQUEST FOR INFORMATION

The Leapfrog Hospital Safety Grade national expert panel, which was convened this past May, seeks to ensure that the relative weights assigned to each measure reflect the latest knowledge about each harm included in the score and its impact on patients' safety. A subcommittee was formed to review the weighting methodology and incorporation of the new "Failure-to-Rescue" measure in the Hospital Safety Grade. The work of the subcommittee will be supported by a research team at Johns Hopkins Medicine. The subcommittee will conduct its review and any proposed changes to the weighting algorithm will be shared with the full expert panel for a recommendation.

Any planned changes will be released for public comment next year, but Leapfrog welcomes early input for the subcommittee's consideration on the weighting of the measures. Instructions for submitting a comment are located on page 2.

ANTICIPATED FALL 2025 TIMELINE AND REPORTING PERIODS

The fall 2025 Fall Courtesy Review Period will open on Wednesday, September 17, 2025, and close on Tuesday, October 7, 2025. During this time, Hospitals can review data for accuracy (i.e., identify recording errors, hospital name and address changes, etc.) on a secure website and review changes to the scoring algorithm.

As a reminder, hospitals completing a 2025 Leapfrog Hospital Survey must resolve all Data Verification messages and verify Survey Results prior to the Data Snapshot Date of August 31. Survey Results have been available on the confidential [Hospital Details Page](#) since July 11 and [publicly reported](#) since July 25 for hospitals that submitted a Survey by June 30.

Fall 2025 Timeline:

- **Data Snapshot Date:** August 31
- **Courtesy Review Period:** September 17- October 7
- **"A" Notifications:** October
 - Hospitals expected to earn an "A" Safety Grade will be notified early to prepare for Leapfrog's public announcement.
- **All Grade Notifications (Letter Grade Embargo Period):** November
 - All hospitals can preview their letter grade prior to the public announcement.
- **Public Announcement:** November

Table 2, located on the next page, includes a summary of data sources and anticipated reporting periods for the fall 2025 Hospital Safety Grades.

Table 2. Planned Fall 2025 Leapfrog Safety Grade Measures, Data Sources, And Anticipated Reporting Periods

PROCESS/STRUCTURAL MEASURES (12)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Computerized Physician Order Entry (CPOE)	2025 Leapfrog Hospital Survey	2025	Imputation Model Applied	N/A
Bar Code Medication Administration (BCMA)	2025 Leapfrog Hospital Survey	2025	Imputation Model Applied	N/A
ICU Physician Staffing (IPS)	2025 Leapfrog Hospital Survey	2025	Imputation Model Applied	N/A
Safe Practice 1: Culture of Leadership Structures and Systems	2025 Leapfrog Hospital Survey	2025	N/A	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2025 Leapfrog Hospital Survey	2025	N/A	N/A
Total Nursing Care Hours per Patient Day	2025 Leapfrog Hospital Survey	01/01/2024 - 12/31/2024	N/A	N/A
Hand Hygiene	2025 Leapfrog Hospital Survey	2025	Imputation Model Applied	N/A
H-COMP-1: Nurse Communication	CMS	10/01/2023 - 09/30/2024	N/A	N/A
H-COMP-2: Doctor Communication	CMS	10/01/2023 - 09/30/2024	N/A	N/A
H-COMP-3: Staff Responsiveness	CMS	10/01/2023 - 09/30/2024	N/A	N/A
H-COMP-5: Communication about Medicines	CMS	10/01/2023 - 09/30/2024	N/A	N/A
H-COMP-6: Discharge Information	CMS	10/01/2023 - 09/30/2024	N/A	N/A

OUTCOME MEASURES (10)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Foreign Object Retained	CMS	07/01/2022 - 06/30/2024	N/A	N/A
Air Embolism	CMS	07/01/2022 - 06/30/2024	N/A	N/A
Falls and Trauma	CMS	07/01/2022 - 06/30/2024	N/A	N/A
CLABSI	2025 Leapfrog Hospital Survey	01/01/2024 - 12/31/2024	CMS	10/01/2023 - 09/30/2024
CAUTI	2025 Leapfrog Hospital Survey	01/01/2024 - 12/31/2024	CMS	10/01/2023 - 09/30/2024
SSI: Colon	2025 Leapfrog Hospital Survey	01/01/2024 - 12/31/2024	CMS	10/01/2023 - 09/30/2024
MRSA	2025 Leapfrog Hospital Survey	01/01/2024 - 12/31/2024	CMS	10/01/2023 - 09/30/2024
C. Diff.	2025 Leapfrog Hospital Survey	01/01/2024 - 12/31/2024	CMS	10/01/2023 - 09/30/2024
PSI 4: Death rate among surgical inpatients with serious treatable conditions	CMS	07/01/2021 - 06/30/2023	N/A	N/A
CMS Medicare PSI 90: Patient safety and adverse events composite*	CMS	07/01/2021 - 06/30/2023	N/A	N/A

*Note: CMS calculates PSI 90 using the ten (10) component PSIs listed above. While scores for each of the 10 component PSIs will NOT be used to calculate fall 2025 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade [website](#).